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great importance to the central, or, as we term them when applied to Porto Rico and the Philippines, the "insular" governments, as compared with the local, that is, the provincial and municipal governments in those islands. Only the first step, and that by no means either the most difficult or the most important, has been taken in the government of a dependent territory when there has been determined the relation in which such territories shall stand to the parent State, and the form of central government that shall be established for it. The more delicate, and therefore the more difficult task, is to provide it with local institutions. It is especially within this field that the necessity arises of taking into account local needs, local prejudices, local habits, and, in general, the racial characteristics and political capacities of the people who are to be governed. It is especially in this field that the art of honest efficient government is to be taught and this may best be done by granting to the inhabitants, as far as possible, the administration of their own local affairs, retaining in the hands of the insular governments but a supervisory power which is to be exercised only in cases of the misuse of the local powers so granted.

STATE BOARDS OF HEALTH.

CHARLES V. CHAPIN.

In our colonial history, and also in the early part of our national existence, public sanitation was almost exclusively a function of local government. As occasion arose from the presence of epidemics, the towns through their regular officers, or more often through special committees, would take such preventive measures as in each case seemed to them best. It was not until the close of the eighteenth century that permanent boards of health were established, and for three quarters of a century such boards were confined almost exclusively to the larger cities.

If we except Louisiana, where a state board of health was established in 1855, almost exclusively for the purpose of maintaining quarantine at New Orleans, the first state to

establish a state board of health was Massachusetts in 1869. This marks the beginning of the states' activity in sanitary affairs. The idea of a central control in such matters has grown so rapidly that during the 35 years that have since elapsed, central boards of health have been established in all the states and territories except Idaho, and also in Hawaii, Porto Rico and the Philippine Islands. It was undoubtedly at first intended, as shown by the act establishing the Massachusetts board, that these central boards should be purely advisory, and they were required merely to investigate the causes of disease and report thereon. But it was inevitable from the problems confronting sanitary officials, and from the trend of public opinion in regard to the functions of the state, that the work of the state board of health should undergo a progressive and rather rapid enlargement. Perhaps the best way to consider the subject is to review as rapidly as possible the various sanitary duties which the legislatures have placed upon these state officials.

1. *Research work.* Oddly enough the *prime* object for which most state boards of health were established has been generally neglected by those organizations. The Massachusetts board was required to make "inquiries in respect * * * to the causes of disease, especially epidemics, and the sources of mortality and the effects of localities, employment, conditions and circumstances on the public health." Substantially the same phraseology is found in the acts establishing boards in many other states. It was evidently intended that the principal work of the central board should be of a scientific and educational nature, and should consist in the study of the causes of disease and the publication of results. But the progress of epidemiology and sanitary science is under little obligation to our state boards. It is true there are some exceptions, notably the work of the State Board of Health of Massachusetts upon water supplies and sewage, a work which has a world-wide reputation; but in the main the state boards have become more and more interested in purely administrative matters and have neglected the research work for which they were primarily established.

2. *Control of local sanitary organization.* Home rule has for some time been the shibboleth of many political reformers, but the state has meanwhile been exercising a progressive control over local sanitary affairs. This has shown itself in various ways, the most notable being in the appointment or removal of local officials. In at least nine states the central board controls the appointment of one or more of the members of the local boards or of the local health officers, and in three others it has the power of removal. Besides these, in Florida where there are few local boards, agents appointed by the state health officer perform the necessary executive duties. In Montana the state board is to organize local boards in every city and village, and in Arizona and South Carolina it is to direct and supervise the local boards. In at least a dozen states, when the local authority fails to appoint a board of health, or such board fails to act, the state board may assume full executive control, and in many states it is provided that all expenses incurred shall be a charge upon the local government. Sometimes, as in New York and Pennsylvania, state-appointed inspectors co-operate with the local officials. Besides the direct control over the local executive, the influence of the state officials makes itself felt in other ways. Thus many states make the establishment of boards of health obligatory upon counties, townships, cities or other local units, but of course such laws, if there was no authority to enforce them, would in many if not in most of the smaller communities, be disregarded. Hence it is that the very existence of a local sanitary organization depends in a vast number of instances upon the energy and administrative ability of state officials. A study of public sanitation in our smaller communities will convince any one that it is almost entirely dependent upon the activity of state officials in keeping the local authorities up to their duty, and instructing them in proper procedures. Under the lead of the state board, or of some of the more efficient local officers, there have been organized in many states conferences of sanitary officials. These have existed for many years and from them have developed the more formal "schools for health officers" which have recently been established in

New Jersey, New Hampshire, Indiana, New York and Vermont. In some of these, attendance by one delegate from each local board is made compulsory by statute, and his expenses becomes a charge upon his township or city. It is evident that by means of these conferences or schools, the state board can exert a powerful influence upon the local boards and secure much greater uniformity of practice than would otherwise exist. In New Jersey still another method for securing uniformity and making the influence of the state board felt, is to be put on trial. After January 1, 1905, no health officer or sanitary inspector can be appointed, who has not passed an examination prescribed by the state board of health.

Thirty-five years ago there were no state boards of health and only a few local boards. Now state and local boards are provided for in almost every state and territory and the latter are in many cases under the direct control of the former. So far as immediate sanitary results are concerned there can be no doubt that the movement has been decidedly beneficial. Rural and village sanitation is almost entirely a product of state administrative work, and genuine sanitary progress is hardly possible without central direction. In regard to the specific question of the advisability of the state control of local appointments, there is some difference of opinion. So far as the writer has been able to learn, such control, so far as at present exercised, has been for the good. The state seems to be more successful than are the local governments in selecting properly qualified health officers. One objection to state appointments is the danger of too great uniformity. But in the smaller communities uniformity should usually be promoted. In the larger cities with their varied problems, initiative and independence on the part of the health officer are often desirable, and indeed necessary, for progress. Therefore the exemption of the larger municipalities of Connecticut, from the state appointment of health officers, is perhaps a wise one. The objection that state appointments may be made for political reasons, seems to be of little moment, as local appointments are perhaps quite as likely to become corrupt. Judging from the success of state appointments in Connecticut and

Vermont it would appear that the plan is worthy of more extended trial.

3. *Control of communicable disease.* The earliest form of state sanitary control was that of quarantine. The advantage of uniformity in quarantine regulations is very great, and the evils due to the struggle of cities and towns among themselves in such matters are unbearable. Hence the states have very generally come to reserve to themselves quarantine powers. Until very recently all but seven of the 22 seaboard states either administered quarantine through state officers, or reserved the right to interfere in local quarantine. Since 1893 a further step in centralization has been taken, for seven states have transferred the control of maritime quarantine to the federal government. At present a large number of the inland states also have empowered their state health officials to prevent the introduction of contagious disease, and in some states the governor may proclaim quarantine. Quite a number of states have set aside epidemic funds of from \$3000 to \$50,000 to carry on the proposed preventive measures. The quarantining of one city or town against another in the same state has often been productive of great and unnecessary hardship, particularly in the South. Consequently many of the Southern states have of late taken the right of quarantine from the local governments, and conferred it upon state officials.

In the general management of communicable diseases, many of the states authorize their officials to interfere in local affairs, but usually only when the local authority fails to act, or there are local disputes. The state boards of health are very generally authorized to make regulations concerning contagious diseases—whether constitutionally or not is perhaps open to question—and by these rules often very directly control local management. Of late years also the states have begun to build and maintain hospitals, for several states have already constructed sanatoria for the cure of consumptives, and several more are considering the matter. A great many of the states have for some time maintained bacteriological laboratories to aid physicians in the diagnosis of various diseases, and some states have begun the manufacture and free distribution of vaccine virus and antitoxins.

4. *Food control.* This is usually considered within the domain of public health work, though it has closer relations with morals and economics than with health. So far as the prevention of general food adulteration is concerned little has been or can be accomplished by local effort. Much has however been done by state officials. The first efficient state action was taken in New York in 1881, and the state board of health was entrusted with the enforcement of the law. At present most of the states have pure food laws, and in some their execution is entrusted to the state board of health, but usually to food or dairy commissions, or to agricultural or experiment station officials. Although much has been accomplished by state inspection, it is generally admitted that federal control is necessary to secure the best results. In one line of food control, namely, the inspection of meats, the federal government has already taken an active part, and is doing more than is accomplished by the states.

The protection of milk supplies has had a different history. This inspection has been largely local, and was undertaken by many cities before there was any state inspection of food at all. In most cities this method is still pursued, though there are manifest difficulties in a city controlling producers and dealers living in many different municipalities, and perhaps in different states. It is on account of these difficulties that a few states have placed the whole control of the milk supply in the hands of the state dairy commissioners. In Iowa, at least, where this plan has been followed for some years it is said to have proved very successful.

5. *Protection of the purity of public waters.* If it is difficult for a community to protect its milk supply because it is drawn from such a wide territory, it is even more difficult to protect its water supply, which is drawn from an equally large territory, and is frequently menaced by very powerful interests. Hence the state has been called upon for aid. In quite a number of states, among which are Massachusetts, Minnesota, New Hampshire, New York, Ohio, Rhode Island and Vermont, the state board of health has been given very great power, and is authorized to prevent by the

most stringent measures, the pollution of potable waters. This power has been widely exercised to the great advantage of the users of these waters. An important part of river pollution is the sewage from municipalities, and any efficient control of the pollution must consist in control of sewage disposal, which necessitates more supervision of local administration by the state. Thus in some of the above-named states no sewerage works can be undertaken without the approval of the state board of health as to the method of disposal.

The gross pollution of rivers not used for domestic supply, often causes great nuisance, which can best be abated or prevented by the state. Such control has sometimes been exercised by the state board of health and sometimes by especially constituted state commissions.

6. *Control of professions and trades.* The practice has gradually grown up of requiring a license before pharmacists, physicians, undertakers, barbers, plumbers and others whose business is supposed to affect the public health, are permitted to follow their avocations. At first such licenses were issued by local governments, and only in the larger cities, but now the general practice is to establish state licensing boards. Special boards to control the above trades, and many others, have been established in most of our states, though in many instances the state board of health is made the licensing agent. The writer believes that this practice has already led to grave abuses. There seems to be excellent reason for licenses in some kinds of work as that of engineers, physicians and pharmacists. On the other hand, there does not seem to be sufficient reason for the state licensing of plumbers, barbers or undertakers. Unless great care and discrimination is exercised, the extension of licensing to all sorts of trades and business, will remove the whole question of state control from the domain of public health and safety, to the domain of labor problems, and will perhaps cause a reaction against licensing in any trades. Sanitary officials should certainly be on their guard against being drawn into any licensing scheme, unless such are plainly required for public health reasons.

7. *Control of vital statistics.* While the collection of vital

statistics has only an indirect relation to the preservation of public health, yet it is a fundamental of sanitary practice and progress. But the collection of vital statistics can only be accomplished under central control. It is true that the cities were pioneers in this field, and some of them have done excellent work, but it is just as necessary that the births, marriages and deaths of the whole state or nation should be uniformly recorded, as it is that the census should be taken. As yet scarcely a dozen states have provided for an adequate system of registration, but it is hoped that under the guidance of the federal census bureau the others will rapidly be induced to take up the work.

It is thus seen that during the last quarter of a century the states have gradually undertaken a vast amount of sanitary work which was formerly not done at all, or done imperfectly by the local governments. From a sanitary standpoint most of the work thus done has been extremely beneficial. The control of local appointments thus far seems to have been satisfactory, and it may fairly be said that the more local officials, at least in small communities, are subject to state supervision, the better are their duties performed. The systemizing of quarantine, the preparation for epidemics, the establishment of diagnostic laboratories, the control of food, milk, and water supplies, and sewage disposal, and the registration of vital statistics, would all have largely been left undone if it had not been for the part taken by the state. Some matters such as the construction of state hospitals for consumptives, and the production of antitoxins, have not yet passed the experimental stage, though both seem promising fields for state work. About the only specific criticism which the writer would make of state sanitary administration, is concerning trade licenses. On the whole then the direct results of centralization have been good.

The arguments which can be most effectively advanced against this centralizing tendency are academic rather than practical, and before an association of this kind ought not to be discussed by one who is merely a health official. Coming from a section where the towns come first, and the state after-

wards, and where the local units have always been intensely jealous of any invasion of their sphere of activity, the writer was formerly much impressed by arguments for home rule and which would put as many administrative duties as possible on the towns, and as few as possible on the state. But even if the state should take a still larger part in municipal affairs, there would, with the rapid increase which is taking place in municipal functions, be plenty of administrative work left to be done, so that there would be no danger of the atrophy of the civic virtues from lack of opportunity. Moreover, there is more to be said in favor of centralization in sanitary affairs than in some others. Public health work is directly dependent upon the police power, and this power is vested in the state, and in order that it may be exercised uniformly, and that it may not be interfered with by local interests, there is good reason why all forms of police administration should be retained by the state. At all events the writer has of late years been so impressed with the practical benefits of state administration in sanitary affairs, and so little impressed with theoretical arguments against it, that he would not oppose its extension wherever it promised to give good results.

STATE SUPERVISION OF LOCAL FINANCE.

JOHN A. FAIRLIE.

Mr. Bryce cites as one of the merits of our federal system of government, that the separate states can try experiments in legislation and administration; and that other states profit by the experience of those who first introduce new methods. Both of these statements can be supported by important evidence; but the benefits derived in this way have been much less than they might have been, owing to the lack of means for bringing the results of experiments in one state to the attention of other states. This Association can in some measure supply this need, and reduce the enormous waste in experimental legislation, by furnishing a clearing house for the interchange of notes on the work of the various states. And